



## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Substance Abuse and Mental Health Services Administration**

#### **Agency Information Collection Activities: Proposed Collection; Comment Request**

In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, SAMHSA will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276-0361.

Comments are invited on: (a) whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including leveraging automated data collection techniques or other forms of information technology.

**Proposed Project: Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2024 - 2025 Plan and Report Guidance and Instructions (OMB No. 0930-0168)**

SAMHSA is requesting approval from the Office of Management and Budget (OMB) for an extension of the 2024-2025 Community Mental Health Services Block Grant (MHBG) and Substance Abuse Prevention and Treatment Block Grant (SABG) Application Plan and Report Guidance and Instructions.

Currently, the SABG and the MHBG differ on a number of their practices (e.g., data collection at individual or aggregate levels) and statutory authorities (e.g., method of calculating MOE, stakeholder input requirements for planning, set asides for specific populations or programs, etc.). Historically, the Centers within SAMHSA that administer these block grants have had different approaches to application requirements and reporting. To compound this variation, states have different structures for accepting, planning, and accounting for the block grants and the prevention set aside within the SABG. As a result, how these dollars are spent and what is known about the services and clients that receive these funds varies by block grant and by state.

SAMHSA has conveyed that block grant funds must be directed toward four purposes: (1) to fund priority treatment and support services for individuals without insurance or who cycle in and out of health insurance coverage; (2) to fund those priority treatment and support services not covered by Medicaid, Medicare, or private insurance offered through the exchanges and that demonstrate success in improving outcomes and/or supporting recovery; (3) to fund universal, selective and targeted prevention activities and services; and (4) to collect performance and outcome data to determine the ongoing effectiveness of behavioral health prevention, treatment and recovery support services and to plan the implementation of new services on a nationwide basis. SAMHSA's five priorities (Preventing Overdose; Enhancing Access to Suicide Prevention and Crisis Care; Promoting Resilience and Emotional Health for Children, Youth and Families;

Integrating Behavioral and Physical Health Care; and Strengthening the Behavioral Health Workforce) are highlighted and states are encouraged to incorporate them into their systems improvement efforts.

States will need help to meet future challenges associated with the implementation and management of an integrated physical health, mental health, and addiction service system. SAMHSA has established standards and expectations that will lead to an improved system of care for individuals with or at risk of mental and substance use disorders. Therefore, this application package continues to fully exercise SAMHSA's existing authority regarding states', territories' and the Red Lake Band of the Chippewa Indians' (subsequently referred to as "states") use of block grant funds as they fully integrate behavioral health services into the broader health care continuum.

Consistent with previous applications, the FY 2024-2025 application has required sections and other sections where additional information is requested. The FY 2024-2025 application requires states to submit a face sheet, a table of contents, a behavioral health assessment and plan, reports of expenditures and persons served, an executive summary, and funding agreements and certifications. In addition, SAMHSA is requesting information on key areas that are critical to the states' success in addressing health care equity. Therefore, as part of this block grant planning process, states should identify promising or effective strategies as well as technical assistance needed to implement the strategies identified in their plans for FYs 2024 and 2025. A narrative was added to discuss the Bipartisan Safer Communities Act funding for MHBG.

Pursuant to the supplemental funding appropriations for the MHBG and the SABG found in the Consolidated Appropriations Act, 2021 [Pub. L. 116-260] and the American Rescue Plan Act, 2021 [Pub. L. 117-2], SAMHSA has made changes to the Block Grant Plan and Report

requirements for FFY 2024 and 2025. These changes are necessary to ensure that funds are spent in an appropriate and timely manner. Adjustments were made to pre-existing tables in the plan and report.

On the SABG narrative portion of the Block Grant Plan document major changes include the removal of words and terms with negative connotations and addition of those that are more appropriate. Examples include changing the word “abuse” to “use” and “Medication Assisted Treatment” to “Medication for Opioid Use Disorder” throughout the document. Language is included regarding the promotion of recovery for those who are in recovery, or who are receiving recovery support services, but who may not have participated in treatment in any fashion. The section regarding the Consolidated Appropriations Act (COVID-19) has been removed as it is no longer applicable after FY 2023. Additionally, there is a new narrative section outlining the concept of health equity and how Single State Authorities can work within their states to promote equitable promotion and use of resources. A new section on Harm Reduction efforts was added to illustrate that this work will be instrumental in SUD Prevention and Treatment moving forward. The SABG MOE requirements, Women’s MOE requirements, Tuberculosis screening requirements, and restrictions on funding sections have been revamped for a better understanding of program requirements.

For the planning tables, changes were made to tables 10, 14, and a slight change to table 15. Updated information regarding the requesting of waivers under table 10, section 11 was added to reflect relevant sections of the PHS Act. Considerable updates to the narrative in question 14 regarding Medication for Opioid Use disorder reflect not only the new change in terminology but advances in the field. Lastly, table 15 “Crisis Services” has been listed as requested for future SABG applications.

On the MHBG report there are changes with the addition of one new table to the performance indicators and accomplishments section (Table 19b on the MHBG). With the addition of this new table, the original MHBG table 19b has been relabeled 19c. All MHBG tables that collect gender and race information have been updated to include transgender, Two-Spirit for the AI/AN population, and Some Other Race. In addition, MHBG tables have been updated to make age groups consistent across all applicable tables (Table 8a/b, 9, 11, 13a/b, 14, 15a, 18, 19, 19a, 19b, 19c, 20, 23a/b, 24 on the MHBG). A column was added to the MHBG tables for the Bipartisan Safer Communities Act funding. The additional tables should not require excessive effort as all data will already be collected by the states for the additional funding efforts.

Similarly, modifications to SABG reports were made to allow for the accurate capture of information for the FY 2024/ FY 2025 reporting period and SABG priorities. A new table, 10b, was added to assess the number of persons served by SABG funds who receive recovery support services. The table also captures client characteristics, specifically age and gender. Although SABG reporting will allow for applicable grantees to continue to report data on COVID-19 expenditures and persons served using those funds, reporting requirements were streamlined with the elimination of table 2b. Reports were modified to more capture information on grantees' harm reduction activities. Namely, table 3a was modified to capture SABG expenditures on Narcan and Fentanyl Test Strips. Modifications to table 12 were also made to request the number of persons at risk for HIV/AIDS that were referred for PrEP services. Lastly, minor modifications were made to prior tables to clarify information previously requested or to address a missing category. For example, tables 11a and 11b, were modified to add an "other self-gender identities" to ensure that individuals who are non-gender conforming would be captured in the estimate of the number of persons served.

While the statutory deadlines and block grant award periods remain unchanged, SAMHSA

encourages states to turn in their application as early as possible to allow for a full discussion and review by SAMHSA. Applications for the MHBG-only are due no later than September 1, 2023. The application for SABG-only is due no later than October 1, 2023. A single application for MHBG and SABG combined is due no later than September 1, 2023.

#### Estimates of Annualized Hour Burden

The estimated annualized burden for the uniform application will increase to 33,493 hours to account for recording of the additional supplemental funding efforts (approximately 2 hours per state agency). Burden estimates are broken out in the following tables showing burden separately for Year 1 and Year 2. Year 1 includes the estimates of burden for the uniform application and annual reporting. Year 2 includes the estimates of burden for the recordkeeping and annual reporting. The reporting burden remains constant for both years.

Table 1. Estimates of application and reporting burden for Year 1:

Substance Abuse Prevention and Treatment and Community Mental Health Services Block Grants							
	Authorizing Legislation SABG	Authorizing Legislation MHBG	Implementing Regulation	Number of Respondent	Number of Responses Per Year	Number of Hours Per Response	Total Hours
Reporting:	Standard Form and Content						
	42 U.S.C. 300x-32(a)						
SABG	Annual Report						11,190
	42 U.S.C. 300x-52(a)		45 CFR 96.122(f)	60	1		
	42 U.S.C. 300x-30-b			5	1		
	42 U.S.C. 300x-30(d)(2)		45 CFR 96.134(d)	60	1		
MHBG	Annual Report						11,003
		42 USC 300x-6(a)		59	1		
		42 U.S.C. 300x-52(a)					

		42 U.S.C. 300x- 4(b)(3)B		59	1		
	State Plan (Covers 2 years)						
SABG elements	42 U.S.C. 300x-22(b)		45 CFR 96.124(c)(1)	60	1		
	42 U.S.C. 300x-23		45 CFR 96.126(f)	60	1		
	42 U.S.C. 300x-27		45 CFR 96.131(f)	60	1		
	42 U.S.C. 300x-32(b)		45 CFR 96.122(g)	60	1	120	7,230
MHBG elements		42 U.S.C. 300x-1(b)		59	1	120	7,109
		42 U.S.C. 300x- 1(b)(2)		59	1		
		42 U.S.C. 300x-2(a)		59	1		
	Waivers						3,240
	42 U.S.C. 300x- 24(b)(5)(B)			20	1		
	42 U.S.C. 300x-28(d)		45 CFR 96.132(d)	5	1		
	42 U.S.C. 300x-30(c)		45 CFR 96.134(b)	10	1		
	42 U.S.C. 300x-31(c)			1	1		
	42 U.S.C. 300x-32(c)			7	1		
	42 U.S.C. 300x-32(e)			10			
		42 U.S.C. 300x- 2(a)(2)		10			
		42 U.S.C 300x- 4(b)(3)		10			
		42 U.S.C 300x-6(b)		7			
Recordkeeping	42 U.S.C. 300x-23	42 U.S.C. 300x-3	45 CFR 96.126(c)	60/59	1	20	1200
	42 U.S.C. 300x-25		45 CFR 96.129(a)(13)	10	1	20	200
	42 U.S.C 300x-65		42 CFR Part 54	60	1	20	1200
Combined Burden							42,373

## Report

300x-52(a) – Requirement of Reports and Audits by States - Report

300x-30(b) – Maintenance of Effort (MOE) Regarding State Expenditures - Exclusion of Certain Funds (SABG)

300x-30(d)(2) – MOE – Noncompliance – Submission of Information to Secretary (SABG)

State Plan - SABG

300x-22(b) – Allocations for Women

300x-23 – Intravenous Substance Abuse

300x-27 – Priority in Admissions to Treatment

300x-29 – Statewide Assessment of Need

300x-32(b) – State Plan

State Plan -- MHBG

42 U.S.C. 300x-1(b) – Criteria for Plan

42 U.S.C. 300x-1(b)(2) – State Plan for Comprehensive Community Mental Health Services for Certain Individuals -- Criteria for Plan – Mental Health System Data and Epidemiology

42 U.S.C. 300x-2(a) – Certain Agreements - Allocations for Systems Integrated Services for Children

Waivers - SABG

300x-24(b)(5)(B) - Human Immunodeficiency Virus -Requirement regarding Rural Areas

300x-28(d) -- Additional Agreements

300x-30(c) -- MOE

300x-31(c) – Restrictions on Expenditure of Grant – Waiver Regarding Construction of Facilities

300x-32(c) – Certain Territories

300x-32(e) – Waiver amendment for 1922, 1923, 1924 and 1927

Waivers - MHBG

300x-2(a)(2) -- Allocations for Systems Integrated Services for Children

300x-6(b) -- Waiver for Certain Territories

## Recordkeeping

300x-23 – Waiting list

300x-25 – Group Homes for Persons in Recovery from Substance Use Disorders

300x-65 – Charitable Choice

Table 2. Estimates of application and reporting burden for Year 2:

	Number of Respondent	Number of Responses Per Year	Number of Hours Per Response	Total Hours
Reporting:				
SABG	60	1	187	11,220
MHBG	59	1	187	11,033
Recordkeeping	60/59	1	40	2360
Combined Burden				24,613

The total annualized burden for the application and reporting is

33,493 hours (42,373 + 24,613 = 66,986/2 years = 33,493).



Link for the application:

<http://www.samhsa.gov/grants/block-grants>

Send comments to Carlos Graham, SAMHSA Reports Clearance Officer, 5600 Fisher Lane,  
Room 15E57A, Rockville, MD 20852 *OR* email him a copy at [carlos.graham@samhsa.hhs.gov](mailto:carlos.graham@samhsa.hhs.gov).

Written comments should be received by [INSERT DATE 60 DAYS AFTER DATE OF  
PUBLICATION IN THE *FEDERAL REGISTER*].

**Alicia Broadus,**

*Public Health Advisor.*

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